

## City of Rocklin Community Development Department

3970 Rocklin Road • Rocklin CA 95677 • Fax (916) 625-5195 • Phone (916) 625-5160

#### OAK TREE REMOVAL PERMIT APPLICATION

The following information shall be submitted to the Rocklin Planning Department prior to the removal of any oak tree(s) greater than six inches initial diameter measured at breast height (Ordinance No. 677):

- 1. A plot/site plan of the lot showing the trees and buildings, driveways, utility lines, etc., in close proximity to the proposed tree(s);
- 2. An agent authorization form if the applicant is not the property owner;
- **3.** A completed application form, and any other information as determined by the planning director to be necessary to evaluate the request.

| Site Address              | cel Number                   |   |                  |                 |  |  |  |  |
|---------------------------|------------------------------|---|------------------|-----------------|--|--|--|--|
| For Staff Use Only:       |                              |   |                  |                 |  |  |  |  |
| Date of application       | Received by                  | Field verification                      | File             | Number          |  |  |  |  |
| Please describe the condi | tion of the oak tree(s) prop | posed for removal. (Attach              | arborist report, | if applicable.) |  |  |  |  |
|                           |                              |   |                  |                 |  |  |  |  |
| Please give your reasons  | or objectives for removing   | g the oak tree(s).                      |                  |                 |  |  |  |  |
|                           |                              |   |                  |                 |  |  |  |  |
|                           |                              |   |                  |                 |  |  |  |  |
| Number of oak trees to b  | e removed:                   | Species of oak                          | tree(s):         |                 |  |  |  |  |
| Number of trunks per tre  | e:                           |   |                  |                 |  |  |  |  |
| Total diameter of oak tre | e(s) at breast height (TDB)  | H):                                     |                  |                 |  |  |  |  |
| Please check which mitig  | gation you are requesting:   | ☐ Tree replacement                      | ☐ Mitigation     | on fund         |  |  |  |  |
|                           |                              | form of mitigation, I will pand species |                  |                 |  |  |  |  |
|                           | For                          | Staff Use Only                          |                  |                 |  |  |  |  |

| Number of trees to be removed:   | Total inches of replacement: |  |  |  |  |  |
|--|------------------------------|--|--|--|--|--|
| ☐ Replacement mitigation selected Number to be pla   | anted:                       |  |  |  |  |  |
| ☐ Mitigation fund selected Fees collected:   | (attach receipt)             |  |  |  |  |  |
| Field Inspection of installed replacement trees performed  | ed by:Date:                  |  |  |  |  |  |
| Comments: THE TREE(S) DESCRIBED IN THIS APPLICATION IS/ARE APPROVED / DENIED FOR TREE REMOVAL BY THE COMMUNITY DEVELOPMENT DEPARTMENT. |                              |  |  |  |  |  |
| Signature of Planning staff  | Date                         |  |  |  |  |  |
|  |                              |  |  |  |  |  |
|  |                              |  |  |  |  |  |
| Signature of Planning staff  | Date                         |  |  |  |  |  |

Your signature authorizes the processing of this application by the applicant. (Provide owner's authorization letter if signature is other than property owner)

**Phone Number** 

**Phone Number** 

Signature

**Signature** 

Address

Address

**Applicant (Please Print)** 

**Property Owner (Please Print)** 

#### **AGENT AUTHORIZATION FORM**

Property owners desiring to authorize individuals to represent them in conjunction with any application or matter before the City shall provide written authorization on this form for each individual or firm authorized, and shall specifically note any restrictions upon the authorized person.

| (please print or type)   |             |   |   |                           |  |  |  |
|--|-------------|---|---|---------------------------|--|--|--|
| The above named person/firm is authorized as                     | s my:       | ( (   | )<br>)<br>)                                 | Agent<br>Buyer<br>Lessee  |  |  |  |
| to request:  |             |   |   |                           |  |  |  |
| to request:  (Use Permit, variance, reclassification, tentative) | ve map, etc | :.)   |   |                           |  |  |  |
| on the following parcel(s)                                       |             |   |   |                           |  |  |  |
|  |             |   |   |                           |  |  |  |
| I do further authorize him as follows:                           | Assessor's  | Parcel 1  |   | )                         |  |  |  |
|  |             | File  | any and                                     | all papers in             |  |  |  |
| (Owner's Signature and Date)                                     |             | conjunction with the aforementioned request including signing the |   |                           |  |  |  |
| (Please print or type name)                                      |             |   | lication.                                   |                           |  |  |  |
|  |             | Spe   | ak on bel                                   | nalf of and represent the |  |  |  |
| Owner's Signature and Date)                                      |             | owner at any Staff meeting and/or public hearing.                 |   |                           |  |  |  |
| (Please print or type name)                                      |             |   |   |                           |  |  |  |
|  |             | Sign  | n any and                                   | l all papers in my stead, |  |  |  |
| Owner's Signature and Date)                                      |             |   | with the exception of the application form. |                           |  |  |  |
| (Please print or type name)                                      |             |   |   |                           |  |  |  |
| The duration and validity of this authorization                  | shall be as | noted   | below:                                      |                           |  |  |  |
| Unrestricted:  |             | Vali  | Valid until:                                |                           |  |  |  |
| _  |             |   | <u> </u>                                    |                           |  |  |  |
|  |             |   | (Owner's                                    | Signature and Date)       |  |  |  |
| _  |             |   | (Please                                     | print or type name)       |  |  |  |



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### OAK TREE REMOVAL PERMIT APPLICATION **SITE PLAN**

| Please use this form to create a plot plan showing tree(s) to be removed. Indicate trees, buildings, utility lines, and other relevant features. Show tree(s) to be removed with an "X" drawn through the tree(s). |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
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